

**State of Minnesota****District Court**

County

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

In Re the ☐ Marriage of:\_\_\_\_\_  
Plaintiff / Petitioner

vs.

\_\_\_\_\_  
Defendant / Respondent\_\_\_\_\_  
Intervenor**Affidavit in Support of  
Responsive Motion to  
Modify Child Support and/or  
Spousal Maintenance**STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Affidavit Signed)

My name is \_\_\_\_\_. I am the

(check one) ☐ (Petitioner/Plaintiff) ☐ (Respondent/Defendant) in this case, and I state under oath the following information:**Reasons Why The Existing Support Order Should or Should Not Be Changed:**

1. (Check only one of the following):

- ☐
- I request that the existing support/maintenance order
- not**
- be changed because there has not been a change of circumstances for me or the other party since the order was issued.

**OR**

- ☐
- I request a change in the existing support/maintenance order because of (check all that apply):
- 
- 
- ☐
- Substantially increased or decreased earnings of the party (check one)
- 
- ☐
- Oblige (receiving support/maintenance)
- 
- ☐
- Obligor (paying support/maintenance)
- 
- ☐
- Substantially increased or decreased needs of the (check at least one)
- 
- ☐
- child(ren)
- ☐
- Oblige
- ☐
- Obligor
- 
- ☐
- Receipt of public assistance by the (check one)
- ☐
- Oblige
- ☐
- Obligor
- 
- ☐
- A change in the cost-of-living for (check one)
- ☐
- Oblige
- ☐
- Obligor
- 
- ☐
- Extraordinary medical and/or dental expenses of the child(ren).
- 
- ☐
- A change in the availability of health or dental insurance coverage.
- 
- ☐
- A substantial increase or decrease in existing work-related or education-related

- ☐ child care expenses of the (*check one*)      ☐ Obligee      ☐ Obligor  
☐ Receipt of social security benefits by the      ☐ Obligee      ☐ Obligor      ☐ child(ren)  
☐ A change in the residence of the child(ren)  
☐ Emancipation of a child (name of child): \_\_\_\_\_.

2. I make the following other comments in support of my request for a change to the existing support/maintenance order:

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**Information From Existing Support Order: (*Answer only those questions that apply*) (*Skip this question if motion is for spousal maintenance only*)**

3. I am the parent of the following children involved in this case (*list only children involved in this case, and for each child check if you are the obligee or obligor*):

Child's Name	Date of birth	Obligee / Obligor
_____	_____	<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
_____	_____	<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
_____	_____	<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
_____	_____	<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor

4. The existing support/maintenance order was issued by the court in \_\_\_\_\_ County and is dated \_\_\_\_\_. In that Order, I am the (*check one*) ☐ Obligor (*making payments*) ☐ Obligee (*receiving payments*)

5. At the time the existing order was issued, I was (*check one*):

☐ Unemployed.  
☐ Employed at \_\_\_\_\_ (company or occupation) and earned \$\_\_\_\_\_ per ☐ hour ☐ week ☐ month with a monthly net income of \$\_\_\_\_\_ and had other monthly income totaling \$\_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as employment, public assistance, social security, or other source).

6. At the time the existing order was issued, to the best of my knowledge, the other parent was (*check one*):

☐ Unemployed.  
☐ Employed at \_\_\_\_\_ (company or occupation) and earned \$\_\_\_\_\_ per ☐ hour ☐ week ☐ month with a monthly net income of \$\_\_\_\_\_ and had other monthly income totaling \$\_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as employment, public assistance, social security, or other source).

7. At the time the existing order was issued, the child(ren) received monthly benefits in the amount of \$ \_\_\_\_\_ from \_\_\_\_\_ (list all sources such as social security benefits)

**Current Information:**

8. I am currently (*check one*) ☐ employed ☐ unemployed (*if employed, answer the following*):
- a. Employer: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Work telephone number: \_\_\_\_\_
  - d. Occupation: \_\_\_\_\_
  - e. Length of employment: \_\_\_\_\_
  - f. Supervisor: \_\_\_\_\_
  - g. Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_
  - h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly
  - i. Number of withholding exemptions: \_\_\_\_\_
  - j. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.
  - k. Cost of monthly medical insurance for self: \$ \_\_\_\_\_
  - l. Cost of monthly medical insurance for dependents: \$ \_\_\_\_\_
  - m. Cost of monthly dental insurance for self: \$ \_\_\_\_\_
  - n. Cost of monthly dental insurance for dependents: \$ \_\_\_\_\_
  - o. If insurance coverage is in place, list the names of who the insurance covers: \_\_\_\_\_  
\_\_\_\_\_

9. To the best of my knowledge, the other parent is currently:  
(*check one* ☐ employed ☐ unemployed (*if employed, answer the following*):
- a. Employer: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Work telephone number: \_\_\_\_\_
  - d. Occupation: \_\_\_\_\_
  - e. Length of employment: \_\_\_\_\_
  - f. Supervisor: \_\_\_\_\_
  - g. Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_
  - h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
  - i. Number of withholding exemptions: \_\_\_\_\_
  - j. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.
  - k. Cost of monthly medical insurance for self: \$ \_\_\_\_\_
  - l. Cost of monthly medical insurance for dependents: \$ \_\_\_\_\_
  - m. Cost of monthly dental insurance for self: \$ \_\_\_\_\_
  - n. Cost of monthly dental insurance for dependents: \$ \_\_\_\_\_
  - o. If insurance coverage is in place, list the names of who the insurance covers: \_\_\_\_\_  
\_\_\_\_\_

10. I have the following additional sources of income: (for example, public assistance, social security, Supplemental Security Income, pensions, Retirement and Survivors Disability Income, renters income, child support for other children):
- |               |          |       |
|---------------|----------|-------|
| Source: _____ | \$ _____ | month |
| Source: _____ | \$ _____ | month |
| Source: _____ | \$ _____ | month |

11. The value of the property I currently own by myself or with someone else is:  
Home \$ \_\_\_\_\_

Household goods \$ \_\_\_\_\_  
 Purchase price of my home \$ \_\_\_\_\_  
 Balance owed on my home \$ \_\_\_\_\_  
 Other real estate \$ \_\_\_\_\_  
 Checking/savings \$ \_\_\_\_\_  
 Automobiles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_  
 Recreational vehicles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_  
 Personal property \$ \_\_\_\_\_  
 Stocks/bonds/etc. \$ \_\_\_\_\_

12. I am currently (*check all that apply*):  
☐ Married   ☐ Separated   ☐ Divorced   ☐ Living with a companion   ☐ Single

If married:

- a. Present spouse's name: \_\_\_\_\_  
 b. Present spouse's net monthly income: \$ \_\_\_\_\_

(Note: Question 12(b) only needs to be answered by an obligor who has a duty to support subsequent children) (See Minn. Stat. § 518.551, subd. 5f(1)(i))

13. The following child(ren) live in my home, but are not part of the current support order or this motion:

Child's Name	Date of Birth	Relationship

14. My monthly expenses at the time of the existing order, compared to now, are as follows (if remarried, include total of household expenses):

	Monthly Payment at Present Time
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____
b. Real Estate Taxes, if not included in (a)	\$ _____
c. Association Dues or Lot Rent (for property)	\$ _____
d. Insurance:	
Homeowners, if not included in (a)	\$ _____
Car	\$ _____
Life	\$ _____
e. Utilities: (Average Monthly Amount)	
Gas	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water and garbage	\$ _____
Cable TV	\$ _____
f. Food	\$ _____
g. Clothing	\$ _____
h. Laundry/dry cleaning	\$ _____

i.	Personal allowances and incidentals	\$	_____
j.	Magazine and newspapers	\$	_____
k.	Uninsured dental expenses	\$	_____
l.	Uninsured medical expenses	\$	_____
m.	Transportation expenses:		
	Car payment	\$	_____
	License	\$	_____
	Gasoline	\$	_____
	Repairs	\$	_____
n.	Recreation/Entertainment	\$	_____
o.	Child(ren)'s needs (sports/school/hobbies)	\$	_____
p.	Allowances	\$	_____
q.	Other (list) _____	\$	_____
r.	Charge accounts and loans (list):		
	Name of Account	Balance Owed	
1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____

**TOTAL MONTHLY EXPENSES:**      \$ \_\_\_\_\_

15. The following people help me pay my current monthly expenses listed in question 14:  
☐ Spouse      ☐ Roommate(s)      ☐ Relatives      ☐ No One

The information contained in this Affidavit is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature ( Sign only in presence of Notary or Court Deputy)

Print Name: \_\_\_\_\_

Sworn / affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Notary Public/ Deputy Court Administrator